



State of California Secretary of State

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STATEMENT OF INFORMATION (Limited Liability Company)

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Filing Fee \$20.00. If this is an amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**FILED**
Secretary of State
State of California**JAN 29 2014**

1. LIMITED LIABILITY COMPANY NAME

NOUR INTERNATIONAL, LLC

21/20/PC

This Space For Filing Use Only

File Number and State or Place of Organization2. SECRETARY OF STATE FILE NUMBER **201325310033**3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)
DELAWARE**No Change Statement**

4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.

☐ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15.**Complete Addresses for the Following** (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE
101 SOUTH FRANKLIN STREET, SUITE 202
CITY: TAMPA, FL STATE: ZIP CODE: 336026. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5
CITY: STATE: ZIP CODE:7. STREET ADDRESS OF CALIFORNIA OFFICE
26044 PACIFIC COAST HIGHWAY
CITY: MALIBU STATE: CA ZIP CODE: 90265**Name and Complete Address of the Chief Executive Officer, if Any**

8. NAME ADDRESS CITY STATE ZIP CODE

Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member (Attach additional pages, if necessary.)9. NAME ADDRESS CITY STATE ZIP CODE
RACHID RIZK 20644 Pacific Coast Hwy Malibu CA 90265

10. NAME ADDRESS CITY STATE ZIP CODE

11. NAME ADDRESS CITY STATE ZIP CODE

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.12. NAME OF AGENT FOR SERVICE OF PROCESS
NATIONAL REGISTERED AGENTS, INC.*C1941323*13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE
CA**Type of Business**14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY
INVESTMENT COMPANY

15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

10/11/2013

DATE

RACHID RIZK

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

MEMBER

TITLE

Rachid Rizk
(SIGNATURE)